MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIADNO.	<u> </u>
11-137101	FILING DATE
110 220189	
APPLICANT(S)	
(5)	

_	 	
	 	ra

			·	_					
	_	AS FILED			מ"ו	AFTER 1 AMENDMENT			TER ENDMENT
		IND.	DEI	٠.	IND	. D	EP.	IND.	DEP
12	- -		 			1			
$\frac{2}{3}$	+			4		-			
4	- -		-	-					
5		1	 	4		- 			
6	- -		 	-1		╂—			
7	-1-		 	┨		╂			<u> </u>
8	7		1	1		┪—			
9			-	7		 -			
10				7		1-			
11	\Box			7		1-	\dashv		
12				7		T			
13	4_			1		1-	_		
14	- -			\mathbf{I}	- 1				
15	4-			1					
16	-			1					
17	4		··-	4					
18 19	╂—			4					
20	┨—	-		4					
21	┪—		·	-		-	-		
22	┪—			╂	-	 			
23	1-			╁		-			
24	1			╁		 			
25	1			十		 		— <u> </u>	
26	1			†		 			
27				†		 			
28	1_						_		
29	1_			L			7		
30	 —	.							
31	 			L					-
32 33	 			1					•
34	 -			L					
35	ł			-					
36	 			╀		<u> </u>	-		
37	 -			 -					
38	1	_		┞					
39				1-					
40				1	-				
41				Γ			-] -		
42 .		$\Box \Box$					_		
43	<u> </u>								
44				L]				
45				L					
46 47				 _					
48				<u> </u>]
49							- -		
50		-		-			- -		
TAL IND.	3		4	-		4	+		*
TAL DEP	0	_	(=			4 2		—	6m
OTAL LAIMS	П	Ø					3	5	CARREN .
	-1		WILL ST			5338	S	19	200

	T	46.5		AF	TER			
·	-		ILED	L'AWE	NOMENT	AFTER 1 MANEEMENT		
51	+-	IND.	DEP.	IND.	DEP.	IND.	DEP	
52	+							
53					 			
54							<u> </u>	
55	4_							
56	+-							
<u>57</u> 58	╌							
59	†-							
60	1							
61	\mathbf{I}							
62	\bot							
63	4_							
64 -	╂—		·					
66	1-							
67	1-	-+		 				
68								
69			-					
70	-							
71 72	 							
73	 							
74	1							
75						: -		
76								
77	<u> </u>							
78 79	 							
80	 	- -						
81	1	_						
82						 -	<u> </u>	
83						 -		
84	<u> </u>						-	
85 86	-	-	<u> </u>	<u> </u>				
87								
88	_			 -				
89								
90								
91								
92 93				_				
94						-		
95		-				\dashv		
96								
97							$\neg \neg$	
98 99			_					
100								
TOTAL END.			 _		_ - -			
TOTALDER	_		<u>\$</u>		\$		\$	
TOTAL		122	<u> </u>		a		=	
CLADICS						遷		
		U.S.	DEPARTME	NT •COMA				